Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or ra	te level produced by rate revision
effective 1/1/2012	•

	(1)	(2) Annual Premium	(3) Percent	
	Coverage	Volume (Illinois) *	Change (+or-) **	
	•			
	Passenger Commercial			
	Automobile Physical Damag			
	Private Passenger		•	
	Commercial			
	Liability Other Than Auto	**************************************		
	Burglary and Theft	69079	-17.3	
	Glass			
	Fidelity			
	Surety			
	Boiler and Machinery			
	Fire			
	Extended Coverage			
	Inland Marine			
	Homeowners			
	Commercial Multi-Peril	·		
	Crop Hail			
1	Other			
	Life of Insurance			
	Does filing only apply to certain	in territory (territories) or	r certain	
	Classes? If so,			
	specify: No			
	Brief description of filing. (If filing follows rates of an advisory			
	,			
	Organization, specify organization):	Adopt ISO's loss costs ar	nd revise our LCMs	
	,			
	*Adjusted to reflect all prior ra	te changes		
	**Change in Company's prem rates.	ium level which will resu	ult from application of new	
		Sentry Insurance	A Mutual Company	
			me of Company	
		Pam Ziegahn- Con	npliance/Development	

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Compar	iy's prer	mium or rate level produced by	rate revision
effective 1/1/2012		•	
(4)		(0)	(2)

-	(1)	(2) Annual Premium	(3) Percent			
1.	Coverage Automobile Liability Private	Volume (Illinois) *	Change (+or-) **			
	Passenger					
	Commercial					
2	Automobile Physical Damag					
	Private Passenger		•			
	Commercial					
3.	Liability Other Than Auto					
4.	Burglary and Theft	166900	-2.8			
5.	Glass					
3 .	Fidelity					
7.	Surety					
3.	Boiler and Machinery					
9.	Fire					
10.	Extended Coverage					
11.	Inland Marine					
12.	Homeowners					
13.	Commercial Multi-Peril					
14.	Crop Hail	National Control of the Control of t				
15.	Other					
_	Life of Insurance					
*	Does filing only apply to certain territory (territories) or certain					
	Classes? If so,	, , , , , , , , , , , , , , , , , , , ,				
	specify: No					
	Brief description of filing. (If fil	ing follows rates of an ad	lvisory			
	Organization, specify					
	organization):	organization): Adopt ISO's loss costs and revise our LCMs				
	*Adjusted to reflect all prior rat		form and the Property of the second			
	**Change in Company's premium level which will result from application of nev					
	rates.	Sentry Insurance A	Mutual Company			
			ne of Company			
		INdii	ie or company			
			Official – Title			